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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL Clarks for Congress | | | | | \neg | | |
|--|-----------|------------------------|---------------------------------------|---------------------|---|----------------------------------|--|
| Clarke for Congress ADDRESS (number and street) 11136 200th 3 | | | | | _ | | |
| ADDRESS (number and street) 11136 200th. | Street | | | | | | |
| CITY, STATE, and ZIP CODE | | | | | | | |
| Hollis | | | NY 11412 | | | | |
| 2. NAME OF CANDIDATE | | | 3. OFFICE SOUGHT (State and District) | | 4. FEC IDENTIFICATION NUMBER | | |
| Yvette D. Clarke | | | House | NY 09 | C00415331 | | |
| 5. IS THIS AN AMENDMENT? NO, THIS IS | A NEW FIL | ING | YES, IT AMENDS THE | NOTICE FILED ON | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | Name of Employer | | Date (month, | Amount | |
| Krishna K. Gannamaneni MD | | | | | day, year) | | |
| | | | | | 10/31/2012 | 2500.00 | |
| 5205 W Shoreline Ter | | | | | | | |
| | | | Transaction ID : C8 | 8968275 | | | |
| Muncie | IN | 47304-6089 | Occupation | | | | |
| B. FULL NAME. MAILING ADDRESS AND ZIP CODE | | | Name of Employer | | Date (month, | Amount | |
| Dr. Jyotsna Ravi | | | DISTRICT MEDICA | VI CPOUD | day, year) | | |
| Dr. Syotsila Navi | | | DISTRICT MEDICA | AL GROOP | 10/31/2012 | 2250.00 | |
| 4811 E. PEBBLE RIDGE RD | | | | | 10/01/2012 | 2200.00 | |
| | | | Transaction ID : C8 | 8968070 | | | |
| DADADICE VALLEY | ^ 7 | 05050 | Occupation | | | | |
| PARADISE VALLEY | AZ | 85253 | PHYSICIAN | | | | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | Name of Employer | | Date (month, day, year) | Amount | |
| Dr. Kumar Ravi | | | KUMAR RAVI, MD | . FACC . PC | day, year) | | |
| 4044 E. DEDDI E. DIDOE DD | | | | | 10/29/2012 | 2500.00 | |
| 4811 E. PEBBLE RIDGE RD. | | | Transaction ID : C | P06224E | | | |
| | | | Occupation ID: Co | 0902213 | | | |
| PARADISE VALLEY | AZ | 86253 | PHYSICIAN | | | | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | Name of Employer | | Date (month, | Amount | |
| | | | | | day, year) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Occupation | | | | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | N. CF. I | | Date (month, | Amount | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | Name of Employer | | day, year) | 7 1110 0111 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Occupation | | | | |
| | | | | | | | |
| SIGNATURE (optional) Ray L Trotman | | | DATE 11/01/2012 | | | For further information contact: | |
| | | [Electronically Filed] | | 999 E Street, NW, V | Federal Election Commission 999 E Street, NW, Washington, DC 20463 | | |
| | | | | | | 530, Local 202-694-1100 | |

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